

For Your Benefit

State of Michigan Retirees

Volume 4 2006

Get the most from your health care benefits with COB

Coordination of benefits is a way to make sure the right health plan pays your claims and that you get all of the benefits you deserve. COB can help you:

- Reduce your copayments and coinsurances
- Maximize your benefit coverage
- Avoid delayed or denied claims

COB is how group health care plans and insurance carriers coordinate benefits when members are covered by more than one plan. For example:

- You're covered under the State Health Plan or Blue Care Network and also have health care coverage through your spouse's health care plan
- You or your spouse is covered by Medicare and has coverage through the SHP or BCN to pay for services not covered by Medicare
- Your spouse is employed and has coverage through his or her employer in addition to your SHP or BCN.

Under COB, group health care plans and insurance carriers work together to make sure you receive the maximum benefits available under your plans.

Your SHP requires that your benefit payments be coordinated with those from another group plan for services that may be payable under both plans.

Health care benefits with COB continued on page 2



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of the Blue Cross and Blue Shield Association

*This issue provides a variety of timely information related
to your health care benefits and your health care needs.*

Health care benefits with COB continued from page 1

If SHP or BCN is primary, then it will pay the full benefits allowed under the plan. If SHP or BCN is secondary, payment toward the balance of the cost of covered services — up to the total allowable amount determined by both group plans — will be paid.

COB ensures the amount that's paid between the two health care plans will cover up to 100 percent of the eligible expenses (as determined between the group health care plans). In other words, COB can reduce or eliminate out-of-pocket expenses for you and your family. It also makes sure that the combined payments of all coverage don't exceed the approved cost for care.

How COB works

When a patient has double coverage, one health care plan pays first and one pays second. The plan that pays first is called "primary." This plan must provide you with the maximum benefits available to you under that plan.

The plan that pays second is "secondary." Your secondary plan is responsible for processing a claim after your primary plan has processed it. The secondary plan provides payments toward the remaining balance of covered services — up to the total allowable amount determined by the carriers.

Guidelines to determine primary and secondary plans

The following guidelines are used to determine which health care plan should pay first.

- Contract holder versus dependent coverage — The plan that covers the patient as the retiree (subscriber or contract holder) is primary and pays before a plan that covers the patient as a dependent.

- Contract holder (multiple contracts) — If you are the contract holder of more than one health care plan, your primary plan is the one of which you are an active member (such as an employee), and your secondary plan is the one of which you are an inactive member (such as a retiree).
- Dependents (the "birthday rule") — If a child is covered under both his or her mother's and father's plan, the plan of the parent (or legal guardian) whose birthday is earlier in the year is primary.
- Children of divorced or separated parents — For children of divorced or separated spouses, benefits are determined in the following order unless a court order places financial responsibility on one parent:
 1. State Health Plan benefits
 2. Plan of the custodial parent
 3. Plan of the custodial parent's new spouse (if remarried)
 4. Plan of non-custodial parent
 5. Plan of non-custodial parent's new spouse

If the primary plan cannot be determined by using the guidelines above, then the "birthday rule" will be used to determine primary liability.

See the sample Explanation of Benefit Payments on page 13 for an example of how COB can save you money.

COB can reduce or eliminate out-of-pocket expenses for you and your family.

Example of how benefits are coordinated

Susan is covered under Medicare and the SHP. Medicare is her primary carrier; SHP is secondary.

Susan receives services for a broken arm from a doctor who accepts assignments of Medicare claims. Her doctor charged \$185 for an X-ray. However, because he participates with Medicare, he agrees to accept \$135.33, the amount Medicare approves for the payment. **That saves Susan \$49.67.**

Total charge	\$185.00
Amount approved by Medicare for this service	<u>\$135.33</u>
Participation savings	\$ 49.67

Savings of \$49.67 because the doctor accepts assignment of Medicare claims.

Medicare approved amount	\$135.33
Medicare paid provider (80%)	<u>\$108.26</u>
	\$ 27.07
	\$ 27.07
BCBSM paid provider (90%)	<u>\$ 24.36</u>
Susan's responsibility	\$ 2.71

Medicare covers 80 percent of its approved amount; therefore, Medicare paid the doctor \$108.26.

Susan's doctor then submitted the balance of her claim to BCBSM for payment under the SHP. BCBSM paid 90 percent of the balance.

After COB, Susan is responsible for the balance of \$2.71.

- If the other health plan is primary, we'll return the claim to your provider, indicating that we're not primary, so your provider can bill the other group health plan. We'll also send you an Explanation of Benefit Payments form that tells you we've billed another carrier. BCN members will only receive an EOB if a claim is rejected.
- If we're both primary and secondary, we'll process your claim first under the primary plan, and then automatically process the same claim under the secondary plan.
- If we're secondary and the primary plan has already paid, either you or your provider can submit a claim to us for consideration of any balances.

Be sure to include the EOB form you received from your primary plan.

Please make copies of all forms and receipts for your files.

Keeping your COB information updated

It's important to keep your COB records updated. It's your responsibility. If there are any changes in coverage information for you or your dependents, contact the Office of Retirement Services at **800-381-5111**. If you have other health care coverage besides your State Health Plan — for example, through a spouse's employer or Medicare — we need to know so we can determine which plan should pay first.

Use our COB form to notify us when you, your spouse or your dependents have more than one type of health insurance coverage. Forms are available at **bcbsm.com**. We must receive a completed COB form each year to effectively process your claims.

Processing your COB claims

When we receive your claim, we determine which plan is primary. Then we process your claim.

- If we're primary, we pay for covered services up to the maximum amount allowed under your benefit plan, less any deductible or copays.



Staying current is easy online

Keeping your COB information up to date is easy.

For SHP members:

- Go to **bcbsm.com**
- Click on *I am a member*
- Under *Member Services*, click on *Managing Your Coverage* in the list at the side of the screen and click on *Coordination of Benefits*.

At the bottom of the page you'll see two links: COB Online and COB Form. Use either of the two links to complete your COB form. The online version allows you to complete and submit the form online. The PDF version can be printed and returned to BCBSM according to the instructions printed near the bottom of the form.

For BCN members:

- Go to **MiBCN.com**
- Click on *I am a member*
- Under *Member Services*, click on *Managing Your Coverage*. Click on the underlined text visit *Coordination of Benefits*
- Click on *Go to the new online Coordination of Benefit form*

Complete the form and return it online.

Filing COB claims

PPO and Blues participating providers should automatically file your claims for you. But if you go to a provider outside of the Blues network, remember to ask your health care provider to submit claims to your primary carrier first. If a balance remains after the primary carrier has paid the claim, you or the provider can then submit the claim along with the primary carrier's payment statement to the secondary carrier.

When you submit claims to Blue Cross Blue Shield of Michigan for reimbursement of the balance, please follow these steps:

1. Obtain an Explanation of Benefits Payment (EOBP) or payment statement from the primary carrier.
2. Ask your provider for an itemized receipt or a detailed description of the services, including charges for each service.
3. If you made any payments for the service, provide a copy of the receipt (not the original) you received from the provider.
4. Make sure the provider's name and complete address are on your receipts. If the provider is in Michigan, include the provider's Blue Cross Blue Shield of Michigan identification number (PIN). If the provider is located outside of Michigan, include the provider's tax ID number.
5. Send these items to:

**State of Michigan Customer Service Center
Blue Cross Blue Shield of Michigan
P. O. Box 80300 — WRAP
Lansing, MI 48908-0380**

Please make copies of all forms and receipts for your own files, because the originals cannot be returned to you.

Protect your skin from winter's blast

When winter comes barreling in, dry skin seems to come with the territory.

The dry air that surrounds you during the cold months steals moisture from your skin. As you wrap yourself in blankets and turn up the thermostat, the air around you becomes drier. Dry, itchy, flaky skin develops when the skin loses water (not oil) to the air. When the humidity drops to less than 60 percent, your skin starts losing moisture.

As we age, the skin starts to lose moisture. This means dry skin is very common in elderly people.

Dry skin comforts

Here are some dry skin soothers:

Avoid showers. They strip the skin's natural oil, which helps hold in moisture. Baths are much kinder to the skin than are showers.

Use warm water instead of hot water if you must take showers.

Keep your showers between five and 10 minutes. As soon as you step out of a hot shower, your skin loses moisture. The hot water strips the natural oils from your skin. Apply a moisturizer right after you get out of the shower. This helps trap the moisture into your skin.

Use mild soaps (such as Dove or Cetaphil), especially under the arms and in the groin area.

Do not rub your skin after you get out of the shower. Use a terrycloth robe to absorb the water.

Use humidifiers throughout your house and bedroom. Keep humidifier settings at 40 percent or more. (Make sure you keep the humidifier clean and

free of bacteria and fungus. You don't want to be breathing these in, especially if you have asthma, a weakened immune system or allergies to mold.) If you don't have a humidifier, place a pan of water by your heat vent or radiator.

Use a moisturizer on your skin wherever there is dryness. If you're unsure what type of lotion is best for you, ask your pharmacist.

Wear gloves or mittens when you're outside to protect your hands from the wind and to keep your skin moist.

Use petroleum jelly on very dry hands and feet. Apply a thin layer of it and wear thin cotton gloves and socks to bed at night.

Keep hand cream nearby.

Immediately after you wash your hands, use hand cream to lock in moisture. Use plenty of cream on your knuckles and fingertips.

When to call a doctor

You may need professional care if:

- You itch all over your body but there is no obvious cause or rash.
- Itching is so bad that you can't sleep, and you've tried everything else.
- You have open sores from scratching.

Relief from Itching

- Keep the itchy area well moisturized.
- Take an oatmeal bath to help relieve itching: Wrap 1 cup of oatmeal in a cotton cloth and boil as you would to cook it. Use this as a sponge and bathe in tepid water without soap. Or try an Aveeno oatmeal bath.
- Try a nonprescription 1 percent hydrocortisone cream for small itchy areas. Use very sparingly on your face or genitals. If the itching is severe, your doctor may prescribe a stronger steroid cream or ointment.
- Try a nonprescription oral antihistamine such as Benadryl.
- Cut your nails short or wear gloves at night to prevent scratching in your sleep.
- Wear cotton or silk clothing. Avoid wool and acrylic fabrics next to your skin.

Source: Health A to Z

Butter or margarine: which is best?

It would be best to go without either. For many people, though, eating that morning bagel or English muffin without butter or margarine is almost impossible. So, if you want to have the healthier of the two, which one should you choose?

Both butter and margarine have the same number of calories. Butter — made from animal fat — is loaded with saturated fat. Saturated fat raises cholesterol levels, and high cholesterol can cause heart attacks. Margarine, on the other hand, is made from vegetable oil and contains less saturated fat. The trade off, though, is that margarine (especially the stick variety) is high in trans fat.

Trans fat

Trans fat is made through a process called hydrogenation, which turns liquid vegetable oil into solid fat. This gives foods like cookies, crackers and cakes a better flavor and texture. It also gives them a longer shelf life. The problem with trans fat is that it raises LDL (“bad”) cholesterol levels and lowers HDL (“good”) cholesterol levels.

Stick margarine is loaded with trans fat, and butter is full of saturated fat. So what should you choose? Your best bet is to go with certain types of spreadable margarine.

Try the following tips:

- When cooking, use canola oil or olive oil instead of butter or margarine.
- Choose soft tub margarines instead of hard sticks.
- Choose a light margarine that has water listed as the first ingredient. This type is lowest in saturated fat.
- If water is not listed as the first ingredient, the next-best choice is a margarine that lists liquid vegetable oil as the first ingredient.

Recipe substitutions make for healthier meals

Using the right ingredients in your meals can help you create the recipe for a healthier life. Recipe substitutions can help subtract calories, sodium and saturated fat from your meals while keeping them tasting great.

When the recipe calls for:	Use:
Whole milk	Fat-free milk, 1 percent milk or evaporated nonfat milk
A whole egg	Two egg whites or 1/4 cup of an egg substitute
Unsweetened baking chocolate (1 ounce)	3 Tbsp of cocoa powder and 1 Tbsp of oil or 3 Tbsp of carob powder plus 1 Tbsp of oil
Shortening, lard and butter	Vegetable oil (corn oil, canola oil or peanut oil). Use about 1/4 less than what the recipe calls for. If the recipe suggests 1/4 cup of shortening or butter, use 3 Tbsp of oil.
Cream or whipping cream (1 cup)	1 cup evaporated nonfat milk or 1/2 cup low-fat yogurt and 1/2 cup low-fat cottage cheese
Vegetable oil	Equal measurement of applesauce

For those with high cholesterol...

If you have high cholesterol, try margarine made from plant sterols, which occur naturally in all plants. Plant sterols block your body's ability to absorb cholesterol. Sterols like pine tree oil and soy bean oil are used to make this type of margarine. Such products can lower LDL cholesterol by about 10 percent.

Use these products only if you have high cholesterol. Sterol products aren't yet recommended for children, pregnant women or people without cholesterol problems. The American Heart Association believes further studies should be done first.

Avoiding high cholesterol

To reduce your blood cholesterol levels, avoid the following:

- Butter
- Fatty meats
- Whole-milk dairy products
- Coconut and palm oils
- Deep-fried foods
- Baked goods like cookies, cakes and pastries
- Shortening or other fats made from animal sources
- Margarine, shortening and cooking oils with more than 2 grams of saturated fat per tablespoon



When the recipe calls for:

Use:

Butter (1/2 cup)	1/2 cup of polyunsaturated margarine or 3/4 Tbsp of polyunsaturated oil (sunflower, sesame, corn or soybean)
If using butter for baking, switch it to applesauce.	Be sure your margarine is trans fat-free.
Mayonnaise (1 cup)	1 cup yogurt
Cream cheese	4 tbsp of margarine blended with 1 cup dry, low-fat cottage cheese
Ricotta	Low-fat cottage cheese

Here are some other tips:

- Top casseroles with almonds instead of fried onion rings.
- Choose reduced-fat cheeses for salads and casseroles.
- Use low-sodium or unsalted ingredients, such as herbs and spices. (Do not eliminate salt in yeast breads.)
- If your recipe suggests 2 cups of flour, use 1 cup of all-purpose flour and 1 cup of whole wheat to boost the fiber content.
- Reduce sugar by 1/4 to 1/3 in cookies and cakes, and use flour in place of the omitted sugar.
- Use meat substitutes, like tofu, or lean meats like turkey and chicken for lasagna.

Know what you're eating:

Make sense out of food labels

If you want to know what you are eating, read the nutrition label on the side of the package. But reading it and really understanding it may make all of the difference between eating and eating well.

Let's take a tour of a nutrition label, and by the end of our journey, you'll have a better idea of what to look for in making wise food choices.

1 Start with the serving size. This is where most people make their biggest mistake. The nutrition label gives you information for one serving. However, the package may contain more than one serving, as in our sample label, which serves two. Therefore, if you ate the entire package, you'd need to double the number of calories and nutrients that are shown on the label.

TIP: Serving for one?

Carefully read the serving size on your breakfast cereal. Three-quarters cup or one-half cup is one serving for some brands, yet most bowls holds two cups. Most candy bars and bottles of soda pop actually serve two, so you may want to share your favorites with a friend.

1 Check serving size

2 Check calories

3 Limit these nutrients

4 Get enough of these nutrients

5 Footnote

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 250	Calories from Fat 110
% Daily Value*	
Total Fat 12 g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30 mg	10%
Sodium 478mg	20%
Sugars 5g	
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%
*Percent Daily Values are based on a 2,000 calories diet. Your Daily Values may be higher or lower, depending on your calorie needs.	
Total Fat: Less than 65g	
Sat Fat: Less than 20g	
Cholesterol: Less than 300mg	
Sodium: Less than 2,400 mg	
Total Carbohydrate: At least 300mg	
Dietary Fiber: At least 25g	

Ideal nutrition

Less than 30% of calories should be from fat.

Daily Value guide:

- 5% or less is low
- 20% or more is high

High in fats and too much salt. Choose foods with the lowest possible amounts of saturated fat, trans fat, and cholesterol. Replace saturated and trans fats with mono- and polyunsaturated fats. (See sidebar, Facts on Fats.)

Look for foods that are higher in fiber, vitamins and iron.



2 Calories provide a measure of how much energy you get from a serving of this food. Most of us eat more calories than we need. Remember, the number of servings you eat determines the number of calories you eat.

Be careful of the amount of calories from fat. In the example, there are 250 calories in one serving; almost half the calories in a single serving come from fat. To choose wisely, select foods where less than 30 percent of the calories come from fat.

Conversely, be careful of fat-free foods. Many of them have a lot of added sugar. And you may fall into the fat-free trap: eating more of them just because they are fat-free.

3 Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans fatty acid consumption as low as possible.

Eating too much fat, saturated fat, trans fat, cholesterol, or sodium can increase your low-density lipoprotein (LDL or “bad”) cholesterol levels that increase the risk of coronary heart disease (CHD) and may increase your risk of some cancers, or high blood pressure.

Unlike other fats, the majority of trans fat is formed when liquid oils are made into solid fats like shortening and hard margarine. Trans fat increases the shelf life and flavor stability of foods. This fat can often be found in processed foods made with partially hydrogenated vegetable oils such as vegetable shortenings, some margarines (especially margarines that are harder), crackers, candies, cookies, snack foods, fried foods, and baked goods.

Eating less than 2,300 milligrams of sodium (about 1 tsp of salt) per day may reduce the risk of high blood pressure. Older adults tend to be salt-sensitive. If this applies to you, aim to eat no more than 1,500 milligrams of sodium each day—the equivalent of about 3/4 teaspoon. To meet the daily potassium recommendation of at least 4,700 milligrams, eat fruits and vegetables, and fat-free and low-fat milk products

that are sources of potassium including: sweet potatoes, beet greens, white potatoes, white beans, plain yogurt, prune juice, and bananas. These counteract some of sodium’s effects on blood pressure.

Foods with added sugars may provide calories, but few essential nutrients. So, look for foods and beverages low in added sugars. Read the ingredient list, and make sure added sugars are not one of the first few ingredients.

TIP: Sugar by any name

Names for added sugars (caloric sweeteners) include sucrose, glucose, high fructose corn syrup, corn syrup, maple syrup, and fructose.

4 Eating enough of these nutrients can improve your health and help reduce the risk of some diseases and conditions. For example, getting enough calcium may reduce the risk of osteoporosis, a condition that results in brittle bones as you age. Eating a diet high in fiber promotes healthy bowel function. Additionally, a diet rich in fruits, vegetables, and grain products that contain dietary fiber, particularly soluble fiber, and low in saturated fat and cholesterol may reduce the risk of heart disease.

TIP: Drink all of your vitamins

Your box of fortified cereal may promise 100 percent of the daily vitamins you need, but if you don’t drink all the cereal milk, those vitamins could wind up in the bottom of the bowl. Why? Vitamins are water soluble.

5 The footnote refers to the daily values for each nutrient listed. DVs are based on public health experts’ advice and are recommended levels of intakes. DVs in the footnote are based on a 2,000. The percentage of DVs can be considered your goal. If you follow this dietary advice, you will stay within public health experts’ recommended upper or lower limits for the nutrients listed.



What's the difference between fat-free, reduced fat and low-fat? According to the FDA:

- ***Fat-free is less than one-half gram of fat per serving.***
- ***Low-fat is 3 grams of fat or less per serving.***
- ***Reduced fat is 25 percent less of the specific nutrient or calories than the usual product.***
- ***Light is one-third fewer calories or one-half the fat of the usual food.***

Common food claims

Below is a list of some other common claims seen on food packaging and what these claims mean, according to the FDA regulations:

- **Calorie-free:** fewer than five calories per serving (which is specified on packaging)
- **Low sodium:** less than 140 mg of salt per serving
- **Low calorie:** less than 40 calories per serving
- **Low cholesterol:** less than 20 mg of cholesterol and 2 grams of fat per serving
- **Reduced:** 25 percent less of the specified nutrient or calories than the usual product
- **Good source of:** provides at least 10 percent of the daily value of a particular vitamin or nutrient per serving
- **High fiber:** 5 grams or more of fiber per serving
- **Lean:** (meat, poultry, seafood): 10 grams of fat or less, 4 1/2 grams of saturated fat and less than 95 mg of cholesterol per 3 1/2 ounce serving
- **Light:** one-third fewer calories or one-half the fat of the usual food

Facts on fat

Fat is a major source of energy for the body and aids in the absorption of vitamins A, D, E and K. When eaten in moderation, fat is important for growth, development, and maintenance of good health. As a food ingredient, fat provides taste, consistency, and stability and helps you feel full. In addition, parents should be aware that fat is an especially important source of calories and nutrients for infants and toddlers (up to 2 years of age), who have the highest energy needs of any age group.

When you have to face 'the fat':

- **Choose alternative fat.** Replace saturated and trans fat in your diet with mono- and polyunsaturated fat. This fat does not raise LDL (or "bad") cholesterol levels and has health benefits when eaten in moderation. When possible, substitute alternative fat that is higher in mono- and polyunsaturated fat like olive oil, canola oil, soybean oil, sunflower oil and corn oil.
- **Choose vegetable oil** (except coconut and palm kernel oils) **and soft margarine** (liquid, tub, or spray) more often because the amounts of saturated fat, trans fat, and cholesterol are lower than the amounts in solid shortening, hard margarine, and animal fat, including butter.
- **Choose fish.** Most fish are lower in saturated fat than meat. Some fish, such as mackerel, sardines and salmon, contain omega-3 fatty acids that are being studied to determine if they offer protection against heart disease.
- **Choose lean meats**, such as poultry (without skin, not fried), lean beef and pork (trim visible fat, not fried).



E.O. bee tells Blue Cross Blue Shield of Michigan Members:

"Don't forget to sign up for online EOBPs"

Your EOBPs are now available online.

Reviewing your EOBPs (explanation of benefits statements) is important because it helps you be more aware of the prices and payments for your care. It also helps you identify any errors.

Online EOBPs offer several advantages:

- You can view them 24 hours a day, seven days a week.
- You don't need to file and retrieve the paper at home.
- You don't need to call and request duplicate copies.
- You can download and print them from your own computer.
- You can retrieve your information for two years from the date of posting.

Sign up for online EOBPs today!

Go to bcbsm.com/eob and click on the Member Secured Services "login" button.

Please note: Online EOBPs are not available for Blue Care Network medical claims.

Understanding your explanation

For every claim we process, we post your EOBP online, or mail it to you. The EOBP shows:

- Services we paid
- Whether you owe any out-of-pocket costs for deductibles or copayments
- Charges we can't pay and why

What to look for on your EOBP statement

Please remember these important tips when viewing your EOBP statement:

- Review the contract information section to determine which family member the statement is for and then verify that the information is correct.
- Review the "Summary of Balances" section to see how much of your medical expenses BCBSM paid and how much you may owe the provider.
- Review the "Summary of Deductibles and Copayments" section to see how much was applied toward your annual deductible and copayment requirements.
- Match the information in the "Detail on Services" section with your doctor or hospital bills to verify that all services listed are services you or a family member received.
- Follow the step-by-step payment calculations in the "Detail on Services" section to see how we determined your payment and how much you may owe for each service.
- Read the Explanation Message in the "Detail on Services" section for an explanation of the amount in the box labeled, Your Balance.
- Read the "Helpful Information" section for coverage information and helpful tips on how to lower your out-of-pocket costs.
- Refer to the back of the EOBP statement for an explanation of terms and answers to frequently asked questions.

1 Your group and contract information. The section also identifies the family member whose services are detailed in this statement.

2 Summary of the amounts paid to each health care provider who submitted claims for the identified family member. It shows how much Blue Cross Blue Shield of Michigan paid toward your medical expenses, how much you saved by using participating providers, and how much you may owe each provider through deductibles and copayments. **Always check your doctor and hospital bills to confirm the amount due before sending any payments.**

3 Detailed information about each service BCBSM processed for the identified member (including amount BCBSM determined it will pay). It includes the dates we received your claims to help you know if the provider's request for payment occurred before or after we were billed. It also contains the medical procedures to help you recall the services detailed in the statement. In addition, information found here helps coordinate benefits with secondary payers.

4 How to contact your BCBSM Customer Service office. If you have a question about your EOB statement, you may call this number to speak with a Customer Service representative. If you prefer, you may write us for clarification.

5 Cost share information. It contains your deductible and copayment information. It shows both family and patient totals, how much we applied toward your annual deductible and copayment, and whether you have met your annual requirements.

6 Tips that we believe will help you better understand your BCBSM benefits; lower your out-of-pocket costs; understand BCBSM's operating goals, and support one of BCBSM's social mission initiatives.

7 Step-by-step summary of our payment, or an explanation of why we didn't pay and whether you are liable. These calculations show how much you may owe the provider for each service. Your balance is the sum of any of the following:

- Deductibles
- Copayments
- Charges for noncovered services

of benefit payment

EXPLANATION OF BENEFITS PAYMENTS

THIS IS NOT A BILL

Statement Date: 10/14/06



**Blue Cross
Blue Shield**
of Michigan

81821 000028
Smith, John
123 Elm Lane
E Lansing MI 48823
Group Name: 1 STATE OF MICHIGAN
Group Number: 81821
Subscriber Name: SMITH, JOHN
Contract Number: 123454321
Coverage: HOSPITAL/PHYSICIAN
Patient Name or Initial: SUSAN
Patient Birth Month/Year: 09/61

Your Customer Service Phone Number Is:
NATIONWIDE TOLL-FREE 1-800-843-4876

Send Written Inquiries to this Address: 4

BLUE CROSS BLUE SHIELD OF MICHIGAN
STATE OF MICHIGAN
P.O. BOX 80380
LANSING, MI 48908-0380

See your Health Benefits Guide for details on contract coverage.

PDF62871235001234

Summary of Balances (See Detail on Services)

Name of Hospital, Physician or Provider	Total Provider Charges	(-)	Less BCBSM Paid	(-)	Less Participating Provider Savings	(-)	Less Other Insurance Paid	(=)	Equals Your Balance*
2									
DOE, B MD	\$ 185.00		\$ 24.36		\$ 49.67		\$ 108.26		\$ 2.71
Totals	\$ 185.00		\$ 24.36		\$ 49.67		\$ 108.26		\$ 2.71

*Note: The amounts in the 'Equals Your Balance' column includes any copayments, deductibles, sanctions, and non-covered charges.

Summary of Deductibles and Copayments

(These totals are based on our information to date and may not reflect all outstanding claims.)

Totals for: FAMILY	01/01/06 to 12/31/06	Totals for: SUSAN	01/01/06 to 12/31/06
Deductible required for year:	\$ 400.00	Deductible required for year:	5 \$ 200.00
Deductible applied year to date:	\$ 400.00	Deductible applied year to date:	\$ 200.00
The family deductible requirement has been met. The patient deductible requirement has been met.			
Totals for: FAMILY	01/01/06 to 12/31/06	Totals for: SUSAN	01/01/06 to 12/31/06
Totals for: FAMILY			
Copayment required for year:	\$ 2000.00	Copayment required for year:	\$ 1000.00
Copayment applied year to date:	\$ 396.68	Copayment applied year to date:	\$ 196.68
The family copayment requirement has not been met. The patient copayment requirement has not been met.			

Helpful Information

Your EOBP statements are available to you any time, any day, whenever you choose. Register now at www.bcbsm.com/eob.

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Details on Services	Contract Number:	123454321	Patient: SUSAN
Service Date	10/3/2006	Total Charge	\$ 185.00
Claim Received	10/4/2006		7
Provider Name: 3	DOE B MD	Amount approved by Medicare for this service	\$ 135.33
Provider Status:	NOT APPLICABLE	Amount Medicare covered	\$ 108.26
Referring Service Type:	Chiropractic	Copayment	\$ 27.07
Procedure:	X-RAY	BCBSM processed on 10/10/06 and paid provider	\$ 24.36
Procedure Code:	71020	Savings because provider participated with Medicare and BCBSM	+ \$ 49.67
Claim Number:	62778712345	Total Covered	\$ 135.33
		Your Balance: (Highlighted Amounts)	\$ 2.71

The value of prevention

Blue Care Network works hard to keep you healthy.

Our wellness coverage includes immunizations for children, adolescents and adults. An annual flu shot (a covered benefit) is a must for at-risk individuals. We promote regular checkups for high blood pressure and high cholesterol, and we regularly send postcards and other reminders to individuals who are at-risk for certain diseases. You'll find our latest recommendations in the Good Health newsletter, which we mail to subscribers twice a year.

Take charge of your health

The more you know, the better you can take care of yourself. We offer self-help guides on subjects that are basic to good health. To receive any of the following booklets, call BlueHealthConnection® at 800-637-2972:

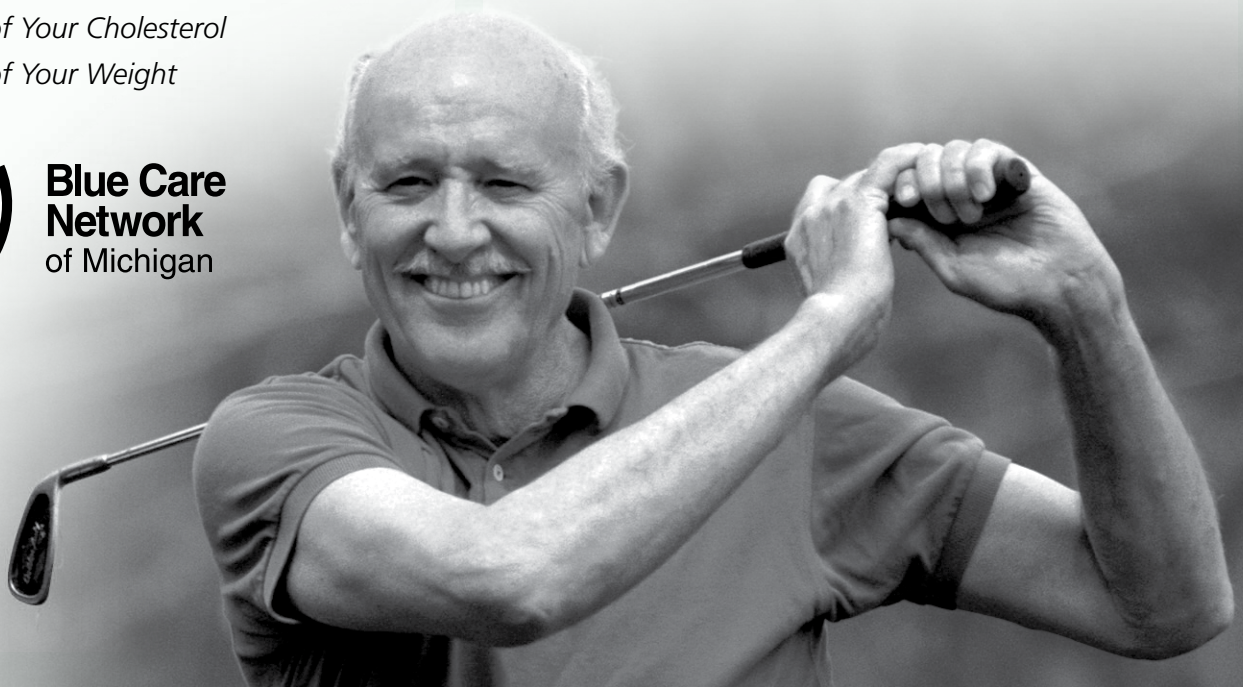
- *Children's Guide to Healthy Nutrition*
- *Eating and Exercising for Better Health*
- *Healthy Approaches to Menopause*
- *High Blood Pressure*
- *Hope and Help for Depression*
- *Quitting Smoking for Life*
- *Stress Management*
- *Taking Care of Your Back*
- *Taking Control of Your Cholesterol*
- *Taking Control of Your Weight*

Centers of Excellence for members

BCN wants you to make informed care decisions. That's why we've developed Centers of Excellence programs for bariatric surgery, cardiac care and low back pain treatment. The Center of Excellence designation tells you the facility has measured up to our standards for care and has demonstrated better outcomes and fewer complications for patients seeking the specialized care it provides. For Centers of Excellence near you, call Customer Service at 800-662-6667 (TTY users, 800-257-9980). The hours are 8:30 a.m. to 5 p.m. Monday through Thursday and 9:30 a.m. to 5 p.m. Friday. Or go online to: mibcn.com/home/where_you_can_go_for_care/coe.shtml



**Blue Care
Network**
of Michigan



For BCN members only

Weigh to Go™ opens facility in Lansing

Weigh to Go can help adult members work toward a healthy weight and physical activity level, reducing their risk of developing weight-related illnesses and chronic conditions. Weigh to Go has opened a facility at the Creyts Road Family Health Center in East Lansing. Its other locations are in Rochester, Roseville and Trenton.

The Weigh to Go program is offered through a partnership between BCN and the Michigan Institute for Health Enhancement.

Since 2004, more than 1,000 BCN members have enrolled in this one-year program. On average, members have lost 19 pounds after one year. Comments from members in the program have been very favorable.

MiBCN.com, a resource

Check us out online. BCN's Web site, MiBCN.com, gives you the tools you need to get the most from your health care coverage.

Powerful provider search

BCN members can search for a provider or facility, view the provider's credentials, get a map to the provider's office and even find out what languages are spoken in the provider's office — all using an updated online search tool on **MiBCN.com**. The newly improved provider and facility locator also tells you whether the provider is accepting new patients.

BlueHealthConnection® programs

Take the health risk appraisal online, and identify your risk factors. Calculate your body mass index or your heart rate. The information provided will help you develop appropriate personal action plans. BlueHealthConnection is accessed from the member home page on MiBCN.com. You must register online to use some of the BlueHealthConnection programs.

Track your drugs

Using a new prescription drug benefit tool on MiBCN.com, you can generate a list of prescription medications that you've filled during the past year, including the amount paid and the actual cost of the drug. You can also use the tool to find a participating pharmacy in your area and print their prescription history.



How to reach us

For benefit information or claim inquiries, call or write the BCBSM State of Michigan Customer Service Center.

To call

800-843-4876

Our customer service representatives are available from 8:30 a.m. to 4:45 p.m. Monday through Friday excluding holidays.

To write

Please send all correspondence to:
State of Michigan Customer Service Center
Blue Cross Blue Shield of Michigan
P.O. Box 80380 — WRAP
Lansing, MI 48908-0380

For Your Benefit is published by Blue Cross Blue Shield of Michigan. It is meant to complement the advice of health care professionals and is not intended to take the place of professional medical care.

Editor: Cynthia Pierce, State of Michigan Communications
Graphic Designer: Colleen McIver, Communications Design Services

For Your

Benefit

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